

Impact of Public Policy and Programs on Child Health

Public policies and programs that buffer families from risks, instability, and hardship vary by state and size of community, and will have **positive effects on child health and development** that differ across place.

General Information

Broad Focus Area

Social Environment

Background and Justification

Children's health and development is heavily influenced by social policies and programs that affect the level and nature of resource availability to families or to their communities. Public policies and programs that diminish or buffer families from risks, instability, and hardship will have positive effects on child health and development. These social policies are modifiable, however, changing over time in response to political, social, and economic pressures and constraints. For example, quality and quantity of health care coverage in the U.S. are determined by numerous factors including income, employment, insurance coverage, and proximity to service providers. Each of these is shaped by dynamic public policies directly through programs that create services or indirectly through programs that provide greater ability to access services. Moreover, health policies and efforts to improve child health typically are organized on a geographic basis, and often vary by state, locality, or size of community. Accordingly, these efforts potentially vary in their effectiveness, depending on the structure, resources, and processes within these areas, and may contribute to child health differentials across place.

While virtually every aspect of the social environment is influenced by public policy, the NCS will focus on policies that result in specific programs that can be hypothesized to diminish or buffer risks to health and development or whose absence may increase risk. These include income support and safety net programs, including both cash and in kind benefits, food stamps, WIC, and medical insurance; child care and education programs; housing; and transportation. Each of these programs may be an important predictor or independent variable in a study of child health and development outcomes in general, as well as specific outcomes such as childhood asthma, obesity, and depression. In addition, each of these programs has been the focus of sustained public policy at federal, state, and local levels; and because they have relatively small numbers and proportions of the population participating at any given time, each requires a large sample, longitudinal study to fully determine the affects of availability, knowledge, and use of these programs.

The very large scope of social policy and its expression in myriad programs that vary across state and local jurisdictions means that no one model, theory, or set of empirical findings can explain the impact of policy on child health and development. Programs in each of the policy domains have the potential to directly increase resources or reduce barriers to access and use of services that can impact child health and development in general and specific outcomes such as asthma, obesity, mental health and cognitive outcomes. While the specific pathways will vary by policy area and type of program, as well as population and place, the overall process is that program use directly impacts health and development outcomes and indirectly impacts them through income supports and poverty reduction. A very large longitudinal study can help determine how program

	<p>packages combine to determine health outcomes. Furthermore, the spatial variation in policies and their implementation in specific programs provide a natural laboratory for investigating the efficacy and efficiency of different policy approaches.</p>
Prevalence/ Incidence	<p>This hypothesis relates social policy to multiple children's health outcomes. For information on prevalence/incidence of specific health outcomes, see:</p> <ul style="list-style-type: none"> · NCS study hypotheses on "Pregnancy Outcomes" (e.g., for low birth weight and pre-term birth prevalence); · NCS study hypotheses on "Neurodevelopment & Behavior" (e.g., for learning disabilities, depression, mental retardation, cerebral palsy, autism, schizophrenia, and other neurocognitive disabilities); · NCS study hypotheses on "Injury"; · NCS study hypotheses on "Asthma"; · NCS study hypotheses on "Obesity and Growth"
Economic Impact	<p>Impact depends on the specific health or developmental outcome being examined. Interventions at the public policy level have the potential to affect many; therefore, public health impact can be far greater than individual-level efforts. Examples of the <i>general impact</i> of various social policies and programs on public health outcomes follow:</p> <ul style="list-style-type: none"> · A child with a chronic condition such as asthma who does not have either public or private health insurance is unlikely to regularly receive the kind of preventive care that can control the debilitating effects of this disease.^{2,3} · Housing policies may determine quality of available shelter and thus influence exposure to health risk for asthma morbidity.^{4,5} · In the "Moving to Opportunity study", a housing-mobility experiment in which a random sample of families in public housing were offered the opportunity to move to low-poverty neighborhoods, the incidence of asthma attacks was reduced among the movers group compared to those not given the opportunity to move.¹ · Poor health care access in inner cities, especially among African Americans and Hispanics, exacerbates the risk of viral infections contributing to asthma attacks and deaths.^{6,7,8} · Programs that increase food security may directly improve nutrition and therefore decrease likelihood of obesity; WIC participation has been linked to improved nutrition, lower prevalence of low birthweight, lower neonatal mortality, and iron deficiency anemia, and higher levels of general health.⁹⁻¹⁴ · In addition to a large body of evidence linking Head Start use to positive cognitive outcomes, studies show that very early childhood experience in Early Head Start also has a significant impact on cognitive development and parenting.¹⁵ · Expansions in Medicaid eligibility have been linked to lower infant mortality and low birth weight and to reductions in acute health conditions and functional limitations among white, but not black and Hispanic, children.^{16,17}

Exposure Measures		Outcome Measures	
Primary/ Family	<p>Family knowledge of, access to, perceived eligibility, and participation in public programs:</p> <ul style="list-style-type: none"> · Income support and safety net programs (e.g., cash and in-kind benefits such as TANF and EITC, food stamps, WIC); 	Primary/ Child	<p>This hypothesis relates social policies and programs to multiple health outcomes, including asthma, obesity, mental health, and cognitive development. Measurement issues associated with these outcomes are</p>

	<ul style="list-style-type: none"> · Medical insurance; · Child care programs; · Education programs; · Housing programs; and · Transportation programs. <p>Parental workplace practices:</p> <ul style="list-style-type: none"> · Pregnancy leave; · Paid sick leave; · Family health insurance other benefits; · Ability to take leave to care for sick family members 			<p>discussed under:</p> <ul style="list-style-type: none"> · Neurodevelopment and Behavior Hypotheses; · Asthma Hypotheses; · Obesity and Growth Hypotheses
Methods	Interviews; Administrative data (e.g., state policy information)		Methods	Various
Life Stage	Prenatal and at moderate intervals (every two to three years) during childhood and adolescence		Life Stage	Birth through age 21

Important Confounders/Covariates	
State, community, and family characteristics associated with policies and program eligibility	<p>Individual families' access to and use of policy-based resources is often confounded with other determinants of health and well-being. States and communities may differ in unobserved ways that are related both to whether they put specific programs and policies in place and the health of their populations. Sources of such unobserved heterogeneity may include, for example, political conservatism, wealth, and diversity. Also, health issues often drive policy: when making decisions about policy and program investments, local communities and states are guided by their vision of what health problems are most visible and costly in their populations. At the family level, eligibility for and use of programs are in part driven by the presence of health problems. Family behavior responds to the presence and conditions of policies and programs in ways that may either strengthen or weaken their effects on health.</p>

Population of Interest	Estimated Effect that is Detectable
<p>All Children - Only a very large sample will have sufficient power to enable investigation of small incidence of program use across different social groups in different locations (i.e., since policies vary by state and community). It is not possible to examine state variation or real urban-rural differences (as opposed to metropolitan-nonmetropolitan variation) without a very large number of cases, selected to represent states and rural-urban differences. Similarly, large size is necessary to understand the effects of policy</p>	<p>An example of the estimated effect for one select policy sub-hypothesis follows.</p> <p>The hypothesis is testing whether the average intelligence scores at age 10 for children maltreated at age 5 are different for children who live in states with strong policies affecting the investigation and substantiation of child maltreatment cases vs. children who live in states with weak policies affecting the investigation and substantiation of child maltreatment cases.</p> <p>· Assumptions:</p> <ol style="list-style-type: none"> 1. 0.489 percent of all children are maltreated at age 5. 2. The average (Wechler Scale) intelligence score at age

packages and interactions across policies.	<p>10 for children maltreated at age 5 who live in states with strong policies affecting the investigation and substantiation of child maltreatment is 100.</p> <p>3. The standard deviation of intelligence scores (Wechler Scale) is 15.</p> <p>4. 50 percent of maltreated children live in states with strong policies affecting the investigation and substantiation of child maltreatment cases.</p> <p>· Power Requirement:</p> <p>1. .05 significance level (weak states = 95, strong states = 100)</p> <p>2. Power = .90</p> <p>· Required Sample Size</p> <p>1. 379 children who at age 5 were maltreated and lived in states with strong policies affecting the investigation and substantiation of child maltreatment cases</p> <p>2. 77,506 children in the NCS</p>
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Other Design Issues	
Cost/Complexity of Data Collection	<p>· Information on many program and policies that affect children's lives will need to be collected at the state level (even if they are fully or partially federally funded.) These include: TANF rules, including generosity of payments, time limits, and work requirements; Medicaid and SCHIP generosity and eligibility rules; child support enforcement provisions; and laws surrounding definitions of and reporting requirements for child abuse and neglect, and policies that affect the disposition of child maltreatment cases. In some cases, existing databases summarize current policy and policy changes</p> <p>· Social policies change over time in response to political, social, and economic pressures and constraints, and will require repeated monitoring.</p> <p>· Study design ideally needs to generalize to states and to both rural and urban communities.</p>

References:

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